

## **Receptionists at work**

### **A time study in general practice**

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**A**NALYSIS of the activities of health service staff with a view to improving the quality and efficiency of service to patients is an expanding field of study. With the steady development of group practice and appointments schemes, increasing attention is being given to the roles and functions of receptionists in general practice. Using a questionnaire on administrative activities, Drury and Kuenssberg (1970) found wide variations between practices in clerical staff ratios and methods of working. There is, however, remarkably little quantified information on the work of secretary-receptionists in general practice, a deficiency we hope to remedy.

### **Method**

The receptionists in four group practices were selected for the main study; the practices had similar list sizes per doctor.

TABLE I  
THE PRACTICES

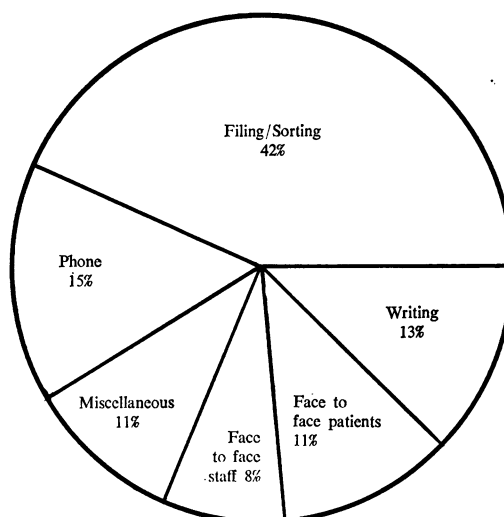
<i>Practice</i>	<i>Number of receptionists (full-time equivalents)</i>	<i>Number of secretaries</i>	<i>Number of doctors</i>	<i>Practice population</i>
A	4	2 half-time	8	17,000
B	3	1 half-time	6	14,100
C	2	—	5	10,000
D	3	1 full-time	4	10,000

The observer (I.C.B.) was located in the main reception area. Every 60 seconds he recorded the specific task being performed by each receptionist, using a previously agreed classification of activities. Thus, when four receptionists were being observed, recordings were made on each at 15-second intervals—the method known as activity sampling. Each practice was studied in four, 50-minute sessions, starting at 0900 hours, 1100, 1400 and 1600 hours, the same day of the week being used in every practice (Tuesday at 0900 and 1400; Wednesday at 1100 and Thursday at 1600 hours). Although most of the staff would have liked Monday morning to be included, this was avoided because the aim of the study was not to assess how 'busy' they were at one moment in time.

Altogether 2300 observations were made on recording cards, ranging from 400 in practice C to 800 in the largest practice.

### **Results**

Figure 1 shows the proportionate distribution of sample time spent on various activities by the receptionists as a group. Though the filing-sorting category (42 per



Miscellaneous = Unoccupied, social talk, checking equipment, outside room

Figure 1  
Proportion of time spent on various activities by receptionists

cent of total time) includes such tasks as opening mail, filing reports, preparing notes for surgeries, and repairing record envelopes, the outstanding item is the extraction or replacement of medical records (27 per cent of total time).

Of the time spent on the telephone, just over half concerned the making of appointments; the remainder consisted of outgoing calls to hospitals, local authority departments, and ambulances, which though not frequent in number, were relatively lengthy in time because receptionists often had to spend much time waiting until the person required was found.

The third longest activity was writing, the main item of which was repeat prescriptions.

In this sample of work only about one tenth of the average receptionist's time was spent face-to-face with patients, usually making appointments. Even less time went on direct contact with practice staff and most of it involved other receptionists.

#### *Variations between practices*

Figure 2 shows the proportion of time spent in each practice on extracting and refiling patients' notes. As might be expected from the staffing data in table I, practice D with its relatively generous number of receptionists, spends the least time on this activity. There is an interesting discrepancy between practices A and B; despite the same receptionist to doctor ratio, the 11 per cent difference in time spent on retrieving and restoring records amounts (when converted into real time) to a saving in practice A of some three and a half receptionist filing-hours per day. Having studied the practices and their organisation, the explanation seemed to us to lie in the arrangement of the reception and records areas in the two practices (figure 3). The conveniently situated open lateral filing system in practice A contrasts with the dispersed box (drawer) files in practice B. The time thus saved in A is used in treasury tagging of hospital and laboratory reports, in repairing record envelopes and in checking supplies of syringes and specimen containers, activities which were not observed in practice B.

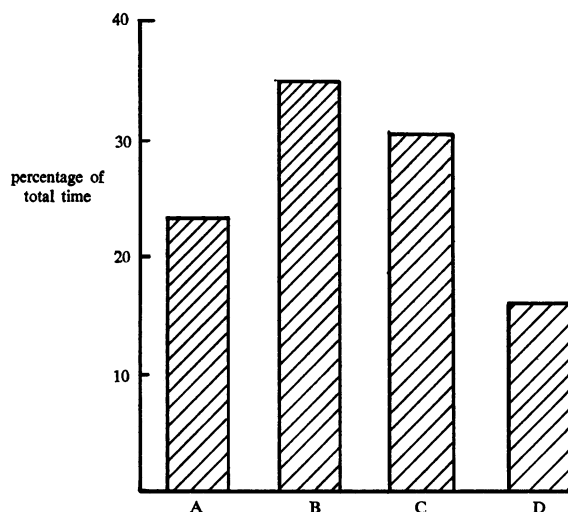


Figure 2

Proportion of time spent extracting and replacing notes

The proportion of receptionist time spent on making appointments (phone plus face-to-face) varied very little between the four group practices. There was, however, considerable variation in the time spent dealing with repeat prescriptions; taking together

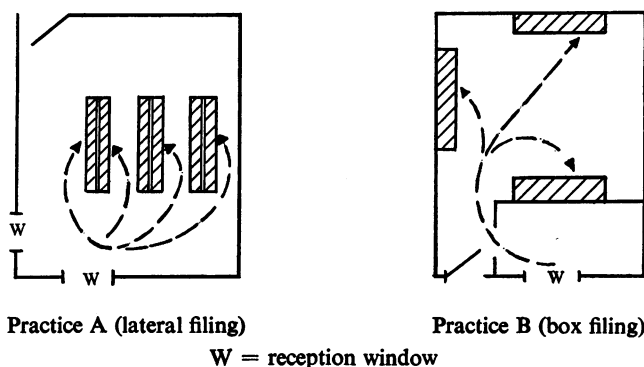


Figure 3

Practice A and B showing position of notes

the time given to contact with patients and completing the heading on the EC10 pad, the figures were:

Practice	A	B	C	D
Per cent time	14	18	4	11

It may be deduced that the small figure in practice C reflects the low ratio of clerical staff, most of the repeat prescription writing being done by the doctors.

The relatively favourable staff ratio in practice D enabled the receptionists there to do several activities not observed in the other practices which collectively must considerably have relieved the doctors; moreover, the practice D staff were able to spend more time talking socially to patients, an activity that is generally regarded as important in the promotion of good relationships within the practice.

It is worth adding to these findings the results of a similar study carried out by one of us (I.M.R.) in a small two-man country practice employing two part-time receptionists. Continuous recording of activity for two periods of one hour showed a proportionate distribution of time very close to those observed in the town practices, the only small differences noted being a rather greater use of the telephone and slightly more time spent talking to patients—both predictable in a country practice.

### Discussion

Assuming the sample of work observed to be reasonably representative, the facts presented in this paper lead to three broad conclusions:

- (1) The method of time study either by activity sampling or continuous recording is easy to learn and cheap to apply; moreover, we have no evidence that the presence of an unobtrusive observer—given due explanation to the staff being studied—in any way modifies normal work behaviour.
- (2) The study re-emphasises the importance in saving time of the arrangement of the practice reception and records area and of the filing system for medical notes.
- (3) The better the organisational staffing of the practice, the wider is the range of tasks undertaken, a point of obvious significance to doctors; there is, however, probably another benefit from adequate staffing. Durno's (1970) survey of practice secretary-receptionists found that one of the least liked activities was filing, so it would seem probable that the more this particular task is lightened by other more interesting activities, the higher job satisfaction will be.

We feel that such a relatively simple study could be easily carried out by practices themselves or with some modest help from outside. The results would establish base lines from which to develop periodic measurements of progress, especially after change has been introduced—but we would again stress that efficiency in its impersonal sense must be tempered by the equally important objective of contented staff, proud of their various skills.

### Acknowledgements

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### REFERENCES

- Drury, M. & Kuenssberg, E. V. (1970). *British Medical Journal*, 4, 42.  
 Durno, D. (1970). *Journal of the Royal College of General Practitioners*, 19, 306.

## PLANTAR WARTS

The spread of plantar warts occurs principally in swimming pools as a result of the abrasive action of non-slip surfaces on macerated skin and the softened horny surfaces of the wart containing active wart virus. Results of a controlled trial in a College of Physical Education show that protective footwear worn in the swimming bath is a highly effective and practical means of preventing the spread of plantar warts.

Bunney, Mary H. (1972). *Community Medicine*, 127, 127. (From author's summary).